

Academic DEA-Solver-Pro Order Form

Fill below and send a PDF file to dea@saitech-inc.com.

Order Date: _____

Purchaser Name: _____

Purchaser Address: _____

User Name: _____

Company Name: _____

Telephone Number: _____

Fax Number: _____

Purchaser e-mail: _____

User e-mail: _____

License Type (circle one) : stand-alone / network / floating

Windows OS Type (circle one): Win 8 / Win 10 / Win 11

Excel mode 32 / 64 bit: 32 / 64 bit

Excel version: 2010 / 2013 / 2016 / 2019

Windows Location (circle one): C:\ D:\ E\ (otherwise notify SAITECH)

Payment:

Method (circle one) Visa / Master Card or Wire Transfer

Card Number _____

Card-holder's Name _____

Expiration Date _____

Signature _____

Amount

	Unit Price	Qty.	Amount
First license	800 US\$		
Second licenses and up	400 US\$		
S&H for shipping CD (optional)	Contact SAITECH		
Network or floating licenses	Contact SAITECH		
Total			

I have read and agree with the license agreement for the DEA-Solver-Pro. In particular, I understand that the above fee gives me only one password for one PC if it is for a stand-alone license.

User Signature _____

SAITECH, Inc.

P.O. Box 431

Holmdel, New Jersey 07733, U.S.A.

email: dea@saitech-inc.com